

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

rung Period: Septer (FORM MUST BE TYPED			Filing Fee: \$50.00					
1 112 No 88787	2. Exact name of the ARCHIE'S AUT	2. Exact name of the limited liability company ARCHIE'S AUTO BODY, LLC						
3. State of Formation RHODE ISLAND	4. Brief a AUTO	lescription of the BODY REPA	character of the business whi R SHOP.	ch is actually conducted in Rbo	de Island			
5 Principal office address	ento St			Johnston	State R	Z	"62919	
	SS OF LIMITED	LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT	PERSON:			
Emilio	Accet	ure		Contact Title				
since Address Bets	9 Willia		ircle	Johnston	State		02919	
	•	_		LITY COMPANY, IF APP	LICABLE	•		
	FII.L	IN SPACES	BEFORE USING ATTAC		OR ATTACHMENT	· —	52	
Manager Name				Manager Name				
Emilio A	ccetur.	<u>2)</u>		Roberta Accettara				
10 Betzyl	willow	s Circ	le	Sinver Address 10 BC+86	William			
Johnston) State (=	7	24 M919	Johnston	State R	7_	OD 919	
Manager Name				Manager Name		•••••••	•	
Street Address	-			Street Address				
City	State		Zip	City	State		Zip	
8. RESIDENT AGEN Agent Name EMILIO ACCETTURO	T IN RHODE ISI	AND - DO	l NOT ALTER - Changes	equire filing of Form Address	 642 - R.I.G.L. 7-1	6-11		
Address 10 BETSY WILLIAMS CIRCLE				City				
	-			+		1		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	10/14/05-88787
Check No.	10102
Ву:	Cu
EOD 61	ECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

7.100

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Durision 100 North Main Street Providence, RI 02903-1335

491 222 3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

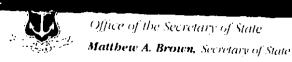
Filing Period: Septen			Filing Fee: \$50.00	KEI OKI I OK III	is TisAIC				
(FORM MUST BE TYPED O	FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No. 2 Exact rounc of the limited hability company								
88787		•							
3 Sale of Formation	- Y	E'S AUTO BODY, LLO		ch is actually conducted in Rhode Isla	noi	· · · · · · · · · · · · · · · · · · ·			
RHODE ISLAND		AUTO BODY REPA	•		••••				
5 Principal office address 24 AR 6. MAILING ADDRES	MEA SS OF LI	UTO ST		TO hNSTON OR TITLE OF CONTACT PE	State R.J.	Zip 02919			
EMILIO	Ac	cetturo		Contact Yule					
Sirce Address 24 ARI	MEN	cetturo To St		Johnston	State R I	²⁴⁰ 02919			
		FILL IN SPACES I	BEFORE USING ATTAC	LITY COMPANY, IF APPLICA CHMENTS ("X" BOX FOR A ING OF AMENDMENT, R.I.G	ATTACHMENT,	_			
Hanager Name EMILIO 1	400	etturo		Nanage Name ROBERTA	Acceti	TORO			
10 Bet	3y 1	WILLAMS Sume RI	Cule	ROBERTA ACCETTURO Since Address 10 Betzy Willam Cla. City Johnston RI 02919					
TO LNSTOI	υ	šiaie RI	02919	JUHNSTON	State R I	- 24 919			
Manager Name				Manager Name					
Sircet Address				Street Address					
City		State	Zip	Cuy	State	Zφ			
8. RESIDENT AGENT Agent Name	ΓIN RHC	DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 Address	- R.I.G.L. 7-1	6-11			
EMILIO ACCETTURO						· · · · · · · · · · · · · · · · · · ·			
Adaress				Gtr)		Zij:			
10 BETSY WILLIAMS	CIRCLE			JOHNSTON 02919-01003		02919-01003			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 8 8 7 8 7 *
File Date	10/14/04
Check No	09761
Ву:	<u>\blacksquare</u>

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report
including any accompanying schedules and statements, and that all statements
contained herein are true and correct
Cala fatherin
Signature of Authorized Person Date
EMILIO ACCETTURO
Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ 2003 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2 Exact name of the limited hability company 88787 ARCHIE'S AUTO BODY, LLC 3 State of Formation i. Brief description of the character of the business which is actually conducted in Rhode Island. AUTO BODY REPAIR SHOP. **RHODE ISLAND** 5 Principal office galdress 24 Armento Street Johnston 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name_ Contact Title ACCEHURO 24 Armento Street Johnston 7. Name and address of each manager of the limited liability company, if applicable FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address Street Address 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address **EMILIO ACCETTURO** 10 BETSY WILLIAMS CIRCLE

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

JOHNSTON

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Bv:	FOR		TARY C	— — De stati	 E USE 0	— – ONLY		

e examined this report and that all statements
<u>-</u> 28-03

02919-01003



(FORM MUST BE TYPED OR PRINTED IN BLACK)

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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1. Principal affect address A H Prime No Street A No Modern No Modern Street A No Modern N	ويهوا والكافران	4. Brie	ef description	of the character of t	he business which is actually cond	ucted in Rhode Island	· · ·		
1. Principal affice address A H Prime No Street A Grant Name Or Title Of Contact Person Connect Title Emilio Acceptage Connect Title Emilio Acceptage Connect Title Any Modifications to Manager Of the Limited Liability Company, 17 Applicable Fill. In Species Before Using Attractions (1) Applicable Any Modifications to Manager Name Any Modifications to Manager Stream of Antechnology Name Any Modifications to Manager Stream of Antechnology Name Connect Address Connect	RHODE ISLAND	AU1	TO BODY R	EPAIR SHOP.					
6. MALLINE ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contract Name: 6. MALLINE ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE LISTS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE LISTS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE LISTS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE LISTS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE LISTS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE LISTS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE LISTS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE LISTS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL OF THE COMPANY OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL OF THE COMPANY OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL OF THE COMPANY OF THE COMPANY, IF APPLICABLE FILL OF THE COMPANY, IN THE COMPANY, IF APPLICABLE FILL OF THE COMPANY, IN THE	5. Principal office addre	ess whto St	inco+	···	City				
Contact Title Emilio Accetted Sincer Address 24 At mento St NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMERIMENTH, RIG.L.7-16-12 (a) (2) 17-16-52 Manager Name Emilio Accettage In Any Modifications To MANAGERS REQUIRES FILING OF AMERIMENTH RIG.L.7-16-12 (a) (2) 17-16-52 Manager Name Emilio Accettage Sincer Address O Bats Williams Circle In Daty Williams (Like Sincer Address) Sincer Address Sincer				A PULLTY COM	JONNSTON				
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24 At me ato St INANIE AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT: ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENT, RIGHT 7-16-52 Tamuger Name Emilio Accettuse Street Address Stree	Emilio	Accet	tura		•				
INAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILLING OF AMENDMENT. R.I.G.L. 7:16-12 (9) (2) 1.7-16-52 Manager Name Manage					• • • • • • • • • • • • • • • • • • • •	1 1			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. RIGGL 7-16-12 (a) (2) 1 7-16-52 Janager Name Emilo Accettas Conservations Since Address Since Address City State City Since Address City Since Address Since Address City Since Address City Since Address Since Address City Since Address Since Address City Since Address City Since Address Since Address City JOHNSTON Destruction of Form 642-RICL 7-16-11 Address This report must be signed in ink by an authorized person pursuant to 7-16-66. While Accepting the properties of the properties and silter that I have examined this report, including any accompanying schedules and statements, and that all significants conjunced berein are true and correct. Signature of Antifyfical Review Date Signature of Antifyfical Review Date Check No. SSSY4 By White Name Address Reconstitute Date Check No. SSSY4 Emilio Antifyfical Review Da						~	C013/2		
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.J.G.L. 7-16-12 (a) (2) 7-16-52 Identify Name Manager Name	'. NAME AND ADD								
Address In the state of the st									
File Date To Accetture The Buts L Williams Circle To Deta Williams Circle The State Size Address The State Size Ad	lanager Name	AIT MODITIO	2110113 10	MANAGERS REG		11. K.J.G.L 7-10-12 (a)	(2)1 1-10-52		
Since Address O Bots (Williams Circle City Ministry) Sale R.J. 249 O 9819. Manager Name Manager Name Manager Name Manager Name Sirect Address Sirect Address Sirect Address Sirect Address City State App Address City State App City State App Address City State App Address City State App Address DHILD ACCEPTURO Milderss 10 BETSY WILLIAMS CIRCLE Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66. Whis report must be signed in ink by an authorized person pursuant to 7-16-66.	۸	coo Huo	.n			Acco-4	(0.0)		
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About State R.J. 240 2819. Sta	10 Bets1	Willia	ma C	ireli	• • •	, Williams	Crale_		
Since Address Sirect Address Sirect Address Sirect Address Sirect Address Sirect Address Lity State Dip RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filling of Form 642 - R.I.C.L. 7-16-11 Address EMILIO ACCETTURO ddress 10 BETSY WILLIAMS CIRCLE This report must be signed in ink by an authorized person pursuant to 7-16-66. Whist report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all salps finests considered berein are true and correct. Signature of Authorized Person Date Signature of Authorized Person Date This report Address Since Address Liny State Liny Address Liny Liny State Liny State Liny Address Liny	 	State		Zip	City	 	Zip		
** Street Address ** **Street Address ** **Street Address ** **Inty State Zip City State Zip ** ** **RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filing of Form 642 - R.J.C.L. 7-16-11 ** ** **Address ** ** ** ** ** ** ** ** ** *	Johns How]	KI	0.281	9. Johnst	ω \mathcal{L}	I 40818		
ARESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address EMILIO ACCETTURO Iddress 10 BETSY WILLIAMS CIRCLE This report must be signed in ink by an authorized person pursuant to 7-16-66. ** 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all signements contained herein are true and correct. File Date ** 9 2 4 0 0 2 Check No. \$ 8 5 4 Check No. \$ 8 5 4 Equal to the Normal Authorized Person Date ** This report must be signed in ink by an authorized person pursuant to 7-16-66.	fanuger Name		 - (• • • • • • • • • •			
IN RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address EMILIO ACCETTURO In BETSY WILLIAMS CIRCLE This report must be signed in ink by an authorized person pursuant to 7-16-66. This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all signements contained herein are true and correct. File Date The Date T					•	·-·			
Address EMILIO ACCETTURO This report must be signed in ink by an authorized person pursuant to 7-16-66. ** 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all stayments contained berein are true and correct. File Date: ** Segnature of Authorized Person Date ** Date ** Signature of Authorized Person Date **	ireei Adaress				*Street Address				
R. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address EMILIO ACCETTURO Chis report must be signed in ink by an authorized person pursuant to 7-16-66. ** 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all signments contained berein are true and correct. File Date Check No. Segmeture of Authorized Person Date Find on Read Person Date Find on Read Person Date	Lity	State		Zip	City	State	Zip		
EMILIO ACCETTURO (Iddress City DONSTON D2919-01003 This report must be signed in ink by an authorized person pursuant to 7-16-66. ** 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all-statements contained berein are true and correct. File Date				[•		1		
EMILIO ACCETTURO (Iddress City DONSTON D2919-01003 This report must be signed in ink by an authorized person pursuant to 7-16-66. ** 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all-statements contained berein are true and correct. File Date	. RESIDENT AGEN	T IN RHODE	ISLAND -	DO NOT ALTER- C	hanges require filing o	of Form 642 - R.I.G	.L. 7-16-11		
This report must be signed in ink by an authorized person pursuant to 7-16-66. ** 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all-seamments contained herein are true and correct. File Date ** 9 2 4 02 Check No. 985 4 ** Signature of Authorized Person Date ** This is the Name of Auth	gent Name					<u> </u>			
This report must be signed in ink by an authorized person pursuant to 7-16-66. * 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all sequences contained berein are true and correct. File Date: 9 2 4 0 0 Check No.	EMILIO ACCETTURO								
This report must be signed in ink by an authorized person pursuant to 7-16-66. * * * * * * * * * * * * * * * * * * *	(ddress				City		Ζίρ		
# 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Check No. Signature of Authorized Person Date Front or Type Name of Authorized Person Print or Type Name of Authorized Person	10 BETSY WILLIAMS	CIRCLE			JOHNSTON	02919-01003			
* 8 8 7 8 7 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Check No. Signature of Authorized Person Date Fruit or Time Name of Authorized Person									
this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Check No. Signature of Authorized Person Date Emilio Acceptive Of Person Print or Type Name of Authorized Person	his report must be	signed in in:	k by an a	uthorized persoi	n pursuant to 7-16-66.				
and that all stepments contained herein are true and correct. File Date Check No. Signature of Authorized Person Date EMILIC Accept URO Print or Type Name of Authorized Person		* 8 8	7 8 7	*					
By: EMILIC ACCETTURO Print or type Name of Authorized Person	File Date 9.24.02								
FIUL OF TYPE NAME OF AUTOPIZED PERSON	Charl Ma	マイング	- 🜙		Com Care		10000 1/93/02		
FIUL OF DOP NAME OF AUTOMIZED PERSON	Check No.	<u> </u>	-4	-	•				
		283 2	- <u>Y</u>	-	•				

To be filed annually between September 1 and November 1

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

	· · · · · · · · · · · · · · · · · · ·	ED EIRDIEIT I OOMI ANT
ID	Number DLLC 88787	Annual Report for the year 2001
1.	The name of the limited liability company is: ARCHIE'S AUTO BODY, LLC	
2.	The address of the principal office of the limit	ted liability company is: Johnstew, R.T. Ch. 919
3. 4.	The state or other jurisdiction under the laws The name and address of its resident agent i	of which it is formed is RHODE ISLAND
٦,	10 BETSY WILLIAMS CIRCLE JOHNSTON	
5.	may be directed are: Emilio Ac	bility company and the name or title of a person to whom communications CEHURO Tohnston, R. Iva 9,19
6.	A brief statement of the character of the br	usiness in which the limited liability company is actually engaged in this
7.	Name	, the name and address of each manager of the limited liability company Address
	Roberta Accetture	10 Betsywilliams Circle Johnston, RJ
Da	ated 8 8 7 8 7	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Anchie's Auto Body IIC Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY 29-07	By Emilio Accetturo ala llatting
Che By:	eck No.: 8488	Title Form No. 632 Revised 01/99

To be filed annually between September 1 and November 1

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	ID Number DLLC 88787 Annual Report for the year 2000	
1.	1. The name of the limited liability company is:	
	ARCHIE'S AUTO BODY, LLC	
2.	2. The address of the principal office of the limited liability company is:	
	24 Armento Street Johnston, RI 02919	
3.	3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND	
4.	4. The name and address of its resident agent is: EMILIO ACCETTURO	
	10 BETSY WILLIAMS CIRCLE JOHNSTON RI 02919-01003	
5.	5. The current mailing address of the limited liability company and the name or title of a person to whom co	mmunications
	may be directed are: Emilio Accetturo fresident	
	24 Armento St reet Johnston, RZ On 819	
6.	6. A brief statement of the character of the business in which the limited liability company is actually ea	nagged in this
	state: auto body repair Ship	·gage ···· · ···
7.	7. If the limited liability company has managers, the name and address of each manager of the limited liability Rame Address	lity company
	Emilio J. Accetturo 10 Betsy Williams Circle Johns	or, PJA PZARII,
Dat	Dated 10 -16 - 00 Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and state that all statements contained herein are true and correct.	examined this tements, and
	# Archies Auto Body L/C Exact Name of Limited Classify Company	
	FOR SECRETARY OF STATE USE ONLY File Date: 10-20-00 By July	
	Check No.: 8084	
)		m No. 632

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040...

	LIMI	TED LIABILITY COMPANY	
ID	Number <u>LL 88787</u>	Annual Report for the year 1999	_
1.	The name of the limited liability company is:		
	ARCHIE'S AUTO BODY, LLC		
2.	The address of the principal office of the lim	• • •	<u> 19</u>
3.	The state or other jurisdiction under the laws	s of which it is formed is RHODE ISLAND	
4.	The name and address of its resident agent	is: EMILIO ACCETTURO	
	10 BETSY WILLIAMS CIRCLE JOHNSTO	N, RI 02919	
5.6.7.	may be directed are: EMILIO F 24 ARMENTO STA A brief statement of the character of the b state: Auto Body ne If the limited liability company has managers Name	pusiness in which the limited liability company is actually the same and address of each manager of the limited liability address	engaged in this ability company
	EMILIO ACCETTURO ROBERTA ACCETTURO	10 Batse William Coule	Throton K
Da	ted OF 22 - 1999. * 8 8 7 8 7 *	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and state that all statements contained herein are true and correct. ARCHIE 'S Auto Body Local Exact Name of Limited Liability Company	statements, and
ile	FOR SECRETARY OF STATE USE ONLY Date: PAID O O	By July Statture.	
he	ck No.: OCT 2 6 1999	Title	Form No. 632
y:	SECIY OF STATE		Revised 01/99

To be filed annually between September 1 and November 1

Form No. LLC-19 Revised 8/97



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

	LIMITED LIABILITY COMPANY
ID	Number LL 88787 Annual Report for the year 1998
1.	The name of the limited liability company is:
	ARCHIE'S AUTO BODY, LLC
2.	The address of the principal office of the limited liability company is:
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident agent is: EMILIO ACCETTURO
	10 BETSY WILLIAMS CIRCLE JOHNSTON, RI 02919
5.	The current mailing address of the limited liability company and the name or title of a person to whom
	communications may be directed are: EMILIO ACCETTURO
	24 ARMENTO STREET JOHNSTON, RI 02919
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this
	state: Auto Body REPAIR Shop.
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company Name **Address**
	FMILION ACCETTURO 10 BETS WILLIAMS CIELE TOUNSTOR
Dat	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
	ARCHIE'S Auto Body, LLC
File	FOR SECRETARY OF STATE USE ONLY Date:
Chec	k No.: 1300
By:	Title



Revised 8/97

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island, 02903-1335

LIMITED LIABILITY COMPANY

	LIMITED LIABILITY COMPANY
ID	Number 0088787 Annual Report for the year 1997
1.	The name of the limited liability company is: ARCHIE'S AUTO BODY, LLC
2.	The address of the principal office of the limited liability company is: 24 Armento Street Johnston, RI 02919
3.	The state or other jurisdiction under the laws of which it is formed is: Rhole Island
4.	The name and address of its resident agent is: Emilio J. Acceptures
	10 Betsy Williams Circle Johnston, DJ 07919
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: <u>Emilio Accettures</u> 24 Armento Street Johnston, RI 02919
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state:
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company
	Name Address Emilio Accertare in Bets y Williams Circles Johnson, Ri Roberta Accertare " " " " " " " " " " " " " " " " " " "
	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. PAID DEC 2 3 1997 SECRETARY OF STATE By Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Exact Name of Limited Liability Company SECRETARY OF STATE By LLL LLL LLL LLL LLL LLL LLL
Far-	Title